Electronic Filing System (EFS) Data Electronic Patent Application Submission

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EFS ID:

13289

Application ID:

09683337

Title of Invention:

Method and Apparatus for Device

Communications

First Named Inventor:

George Tseng

Domestic/Foreign Application:

Domestic Application

Filing Date:

null

Effective Receipt Date:

2001-12-16

Submission Type:

Utility Patent Filing

Filing Type:

new-utility

Confirmation Number:

0

Attorney Docket Number:

RP.P005

Digital Certificate Holder:

cn=George Gin Chong Tseng, ou=Registered Attorneys, ou=Patent

and Trademark Office, ou=Department of Commerce, o=U.S.

Government, c=US

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Total Fees Authorized:

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Payment Category:

CC - Credit Card

Credit Card Number:

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Expiration Date:

03012004

Card Holder Name:

George Tseng

RAM User ID:

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RAM Accounting Date:

2001-12-16

RAM Sequence Number:

375158

RAM Payment Status:

RAM success

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90024

TRANSMITTAL FORM



Electronic Version 1.0.3

Stylesheet Version: 1.0

Attorney Docket Number:

RP.P005

Submission Type: Utility Patent

Filing

Method and Apparatus for Device Communications

First Named Inventor: George Tseng

SUBMITTED BY

Name:

Mr. George Tseng

Registration Number:

41,355

Electronic Signature Mark: George

41,333

Tseng

M)

Date Signed: 20011215

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declaration

P005decl.TIF

declaration

P005POA1.TIF

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fee-transmittal

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specification

patent-assignments

p005fee.xml

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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

| As the below name | ed inv | entor(s), I/we declare that: |
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| This declaration is | direct | ted to: |
| | V | The attached application, or |
| | | Application No, filed on, |
| | Ш | |
| _ | | as amended on(if applicable); |
| I/we believe that which a patent is | | m/are the original and first inventor(s) of the subject matter which is claimed and for nt; |
| | | d understand the contents of the above-identified application, including the claims, as diment specifically referred to above; |
| to me/us to be became availabl | mater e betv | duty to disclose to the United States Patent and Trademark Office all information known ial to patentability as defined in 37 CFR 1.56, including material information which ween the filing date of the prior application and the National or PCT International filing n-in-part application, if applicable; and |
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| belief are believ false statements | ed to and the | nerein of my/own knowledge are true, all statements made herein on information and be true, and further that these statements were made with the knowledge that willful ne like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may of the application or any patent issuing thereon. |
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| PULE NAME OF | TOVE | NIURISI |
| Inventor one: | _ | ng, George |
| | 4 | Citizen of: |
| Signature: | | Citizen di. |
| Inventor two: | Roth | , Eric |
| Signature: | 1/ | Citizen of: USA |
| Inventor three: | Roth | n, David |
| Signature: | | Citizen of: USA |
| Inventor four: | | |
| Signature: | | Citizen of: |
| | | being named onadditional form(s) attached hereto, |
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PTO/SB/81 (02-01)

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| Application Number | |
|------------------------|--|
| Filing Date | Dec 15, 2001 |
| First Named Inventor | Tseng, George |
| Title | Method and Apparatus for Device Communications |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | RP.P005 |
| | |

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| as my/our attorn | ey(s) or agent(s |) to prosecu | te the application | identified | d above, and to | transact all | |
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| ✓ Applican | t/Inventor. | | | | | | |
| | | | | | | | |
| | | | rest. See 37 CFR 3 | | 201 | | |
| Stateme | nt under 37 CFF | (3.73(b) is (| enclosed. (Form P | TOISBIS | 1 6). | | |
| | SIG | NATURE of | Applicant or Assig | nee of R | ecord | | |
| Name | George Tseng | | | | | | |
| Signature | Re- | - ~- | >- | | | | |
| Date | December 13, | 2001 | | | | | |
| NOTE: Signatures of all forms if more than one | I the inventors or as signature is required | signees of reco | ord of the entire interes | t or their r | epresentative(s) a | re required. Submit i | multiple |
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| Application Number | |
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| Filing Date | Dec 15, 2001 |
| First Named Inventor | Tseng, George |
| Title | Method and Apparatus for Device Communications |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | RP.P005 |

| Practitioners at Customer Number OR Practitioner(s) named below: Name Registration Number Name Registration Number Name Registration Number Name Registration Number Name Name Registration Number Name Name Registration Number Name Note: Signature Name Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | I hereby app | point: | | Place Customer | | | |
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| Practitioner(s) named below: Name | | ioners at C | sustomer Number 29095 | Nicht Ber Code | | | |
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| business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Firm or Individual Name Address Address City State I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Eric Roth Signature Date December 13, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | 244, 279, 244, 244, 244, 244, 244, 244, 244, 24 | | | | |
| business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Firm or Individual Name Address Address City State I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Eric Roth Signature Date December 13, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | |
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| ✓ The above-mentioned Customer Number. OR Practitioners at Customer Number ✓ Place Customer Number Bar Code Label here Place Customer Number Bar Code Label here Place Customer Number Bar Code Label here Place Customer Number Bar Code Label here Place Customer Number Bar Code Label here Place Customer Naderess City State Zip Country Telephone Fax Place Customer I am the: ✓ Applicant/Inventor. ✓ Applicant/Inventor. Signature of Applicant or Assignee of Record Name Eric Roth Signature Applicant or Assignee of Record Name Date December 13, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | |
| Practitioners at Customer Number Number Bar Code | | | | | | | |
| Practitioners at Customer Number OR Firm or Individual Name Address City State Zip Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Eric Roth Signature Date December 13, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | |
| Address Address City State Zip Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Eric Roth Signature Date December 13, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | ners at Cus | stomer Number | | | | |
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| Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Eric Roth Signature Date December 13, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | |
| Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Eric Roth Signature December 13, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | State Zin | | | |
| Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Eric Roth Signature Date December 13, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | Orace 1 7 Cib | | | |
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| Name Eric Roth Signature Date December 13, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | |
| Name Eric Roth Signature Date December 13, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | |
| Signature Date December 13, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | Name | Eric Re | ., | | | | |
| Date December 13, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | m | ns | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | Decem | December 13, 2001 | | | | |
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| Filing Date | Dec 15, 2001 |
| First Named Inventor | Tseng, George |
| Title | Method and Apparatus for Device Communications |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | RP.P005 |

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| as my/our attorney(s) or | agent(s) to prosecute the application ide | entified above, and to transact all |
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| Assignee of reco | ord of the entire interest. See 37 CFR 3.7 | 1. |
| | 37 CFR 3.73(b) is enclosed. (Form PTC | |
| | SIGNATURE of Applicant or Assigned | of Record |
| Name David F | | |
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FEE TRANSMITTAL

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Patent fees are subject to annual revisions on or about October 1st of each year.

Small Entity
Small Business Concern

TOTAL FEES AUTHORIZED: \$410

BANK (CREDIT) CARD INFORMATION:

Credit Card Number:

9017

Expiration Date:

20040301

Authorized Name:

George Tseng

Billing Address:

90024

BASIC FILING FEE

| Fee Description | Fee Code | Fee Paid |
|--------------------|----------|----------|
| Utility Filing Fee | 201 | \$ 370 |

Subtotal For Basic Filing Fee: \$ 370

EXTRA CLAIM FEES

| | Fee Code | Fee | Extra Claims | Fee Paid |
|-----------------|----------|------|--------------|----------|
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Subtotal For Extra Claims Fees: \$ 0

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